

SRF - PCS GAIN CHECKLIST

MEMBER: _____

DOCUMENT	RECEIVED	INITIALS
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ORIGINAL ORDERS:	<input type="checkbox"/>	_____
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OVERSEAS SCREENING:	<input type="checkbox"/>	_____
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FAMILY ENTRY APVL:	<input type="checkbox"/>	_____
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PAGE 2 VERIF:	<input type="checkbox"/>	_____
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SGLI UPDATED:	<input type="checkbox"/>	_____
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TRAVEL CLAIM:	<input type="checkbox"/>	_____
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EFT BANKING SHEET:	<input type="checkbox"/>	_____
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REMARKS:

PLR REVIEW:

NAME: _____ RANK: _____ SIGN: _____

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

ELECTRONIC FUNDS TRANSFER (EFT) FOR TRAVEL CLAIMS

NAME (Last, First, MI)	RANK/RATE	SSN
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 5 USC 5701, 37 USC 404-427 and EO 9397 PRINCIPAL PURPOSE(S): Used for payment for official travel. SSN is used to maintain a numerical identification system for individual claims. ROUTINE USE(S): For payment use of travel claims for official travel. DISCLOSURE: Voluntary; however, failure to furnish information requested may result in a non-payment of amount claimed.</p>		
DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134) ESTABLISHED MANDATORY EFT FOR ALL FEDERAL PAYMENTS. PAYMENTS FOR ALL MY TRAVEL CLAIMS SUBMITTED WILL BE DEPOSITED TO THE FOLLOWING FINANCIAL INSTITUTION.		
NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	ACCOUNT TYPE: CHECKING SAVINGS <input type="checkbox"/> <input type="checkbox"/>	
ALL INFORMATION ON THIS FORM IS REQUIRED UNDER THE INTEGRATED AUTOMATED TRAVEL SYSTEM (IATS). THE INFORMATION PROVIDED WILL BE USED TO PROCESS PAYMENT DATA FROM DFAS-CLEVELAND TO THE FINANCIAL INSTITUTION AND/OR ITS AGENTS. FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL CAUSE DELAY IN PROCESSING YOUR TRAVEL CLAIM AND PREVENT THEREOF.		
COMMENTS: 		
SIGNATURE		DATE

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name or update your beneficiary
- ☐ Reduce the amount of your insurance coverage
- ☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name

Rank, title or grade

Social Security Number

Branch of Service (Do not abbreviate)

Current Duty Location

Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- ☐ I want coverage in the amount of \$_____ Your initials_____
- ☐ _____

(Write "I do not want Insurance at this time.")

***Note:** Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK



(Your signature. Do not print.)

Date: _____

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:

RANK, TITLE OR GRADE

ORGANIZATION

DATE RECEIVED

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate
Beneficiary Continuation

Instructions: This page is to be used **ONLY** when the servicemember wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

Member Information

Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
5.				
6.				
7.				
8.				
9.				
10.				
Contingent				
5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

SIGN HERE IN INK



(Your signature. Do not print.)

Date: _____

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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Directions To Personnel Clerks Of The Uniformed Services

1. Complete all appropriate items on this form. All entries except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Include the name, address, and social security number (if available) of the beneficiary(ies), and the relationship of the beneficiary(ies) to the servicemember (e.g. father, sister).
3. If a servicemember wants to designate a beneficiary other than would be normal under his or her family circumstances, see "Unclear or Unusual Beneficiary Designations" (section 6.03) in the *Servicemembers' Group Life Insurance Handbook*, Handbook 29-75-1 (www.insurance.va.gov).
4. An authorized agent of the Uniformed Services must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should include the date he or she received the form.
5. This form, properly completed, is authority to a payroll office to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.
6. If this form is being used to decline SGLI coverage, inform the servicemember that this action will mean that he/she will no longer have Family SGLI coverage - both spousal coverage and dependent child coverage. Have the servicemember complete SGLV 8286A and take action to end payment of Family spousal premiums.
7. Inform the servicemember that if he or she has questions about this form, he or she may obtain the advice of a military attorney at no expense to the servicemember.
8. **After the form is completed in its entirety**, you should:
 - Make two photocopies of the completed form (page 2) and page 4 (Beneficiary Continuation) if applicable
 - Distribute as follows:

<ul style="list-style-type: none">▪ Original copy of page 2▪ Original copy of page 4 (if applicable)	Promptly file in the official personnel file of the member
<ul style="list-style-type: none">▪ Photocopy of page 2▪ Photocopy of page 4 (if applicable)▪ Directions to Servicemember (page 3)▪ Introduction to VA Benefits (page 5)	To servicemember
<ul style="list-style-type: none">▪ Photocopy of page 2▪ Photocopy of page 4 (if applicable)	To the Active or Reserve component of the Uniformed Service.

Remember: If this form is used to decline SGLI coverage and the servicemember has Spousal Family SGLI coverage, you should take action to discontinue payment of spousal Family SGLI premiums.

Note: Please do *NOT* send any of the forms or copies to the Office of Servicemembers' Group Life Insurance or to the Department of Veterans Affairs.

Directions To Servicemember

What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services must witness your signature.

Periods of Coverage

This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release. You may convert your SGLI to Veterans' Group Life Insurance within 120 days of separation without proof of good health, or within one year and 120 days with proof of good health by contacting the Office of Servicemembers' Group Life Insurance (see below).

Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.
2. **Naming Beneficiaries**
 - A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without his/her consent. However, your spouse will be notified if you reduce coverage or name a beneficiary other than your spouse.
 - B. If the beneficiary is a married woman, use her given first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
 - C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
 - D. If you want to name more than four principal or contingent beneficiaries, list those beneficiaries on the Beneficiary Continuation Form (page 5) and check the block under the principal or contingent blocks on page 2, indicating that you have done so. The Beneficiary Continuation Form (page 5) should then be attached to page 2 of the 8286.
 - E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
 - F. You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.
3. **Social Security Number** - Do not delay completing this form if you do not have a beneficiary's Social Security Number. The Social Security Number helps us to locate the beneficiary, but is not required.
4. **Shares to each beneficiary** - If you name more than one beneficiary, the sum of the shares must equal 100% or the full dollar amount of your insurance.

Example: mother	\$200,000		50%		1/2
father	\$200,000	or	50%	or	1/2
Total	\$400,000		100%		1

5. **Payment Option** - You may choose whether you want the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump sum" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump sum" or leave the block blank.
6. **Provisions For Payment Of Insurance**
 - A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
 - B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made by law, the proceeds will be paid in the following order:
 1. Widow or widower
 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
 3. Parent(s) in equal shares or all to surviving parent
 4. A duly appointed executor or administrator of your estate
 5. Other next of kin

What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the **Office of Servicemembers' Group Life Insurance**, 290 West Mt. Pleasant Ave, Livingston, NJ 07039. Your beneficiary may also call 1-800-419-1473 for claim information.

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

NAME (Last, First, MI)		RANK/RATE	SSN
COMMAND REPORTING TO/FROM		NAME OF HOTEL	
FAMILY MEMBERS ON STATION			
NAME (Last, First, MI)		RELATIONSHIP	DATE OF BIRTH
FOR ARRIVAL TLA: DATE MEMBER REPORTED TO PRESENT COMMAND: _____ DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: _____ THIS IS THE _____ CLAIM MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.			
FOR DEPARTURE TLA: ACTUAL DATE OF DETACHMENT: _____ MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR. MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.			
MEMBER'S STATEMENT: I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I <input type="checkbox"/> AM / <input type="checkbox"/> AM NOT IN A PER DIEM STATUS. I UNDERSTAND THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I <input type="checkbox"/> DID / <input type="checkbox"/> DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS <input type="checkbox"/> DO / <input type="checkbox"/> DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.			
WARNING: THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).			
PRIVACY ACT STATEMENT: THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED. <ol style="list-style-type: none">1. AUTHORITY: 37 USC 10062. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.			
MEMBER SIGNATURE			DATE

A. LOCALITY PER DIEM RATE:		B. NUMBER OF PERSONS:		C. PERCENT OF PER DIEM APPLICABLE:	
D. MAXIMUM TLA PAYABLE:		E. FSA-I DAILY RATE:		F. BAQ DAILY RATE:	
				G. BAS DAILY RATE:	

1. DETERMINE THE PERCENTAGE TO BE USED BASED ON NUMBER OF COMMAND SPONSORED DEPENDENTS:

_____ %

MEMBER ONLY or 1 FAMILY MEMBER	65%
MEMBER and 1 or 2 FAMILY MEMBERS	100%
MEMBER and 2 FAMILY MEMBERS	125%

FOR EACH ADDITIONAL FAMILY MEMBER, ADD 25%

2. DETERMINE THE M&IE EQUIVALENCY FROM JFTR APPENDIX B:
(If temporary quarters contain facilities for preparing and consuming meals, use 50% of the M&IE rate)

\$ _____

3. MULTIPLY PERCENTAGE (_____ %) IN #1 BY AMOUNT (\$ _____) IN #2:

\$ _____

4. DETERMINE DAILY LODGING COST BY DIVIDING TOTAL COST OF LODGING (\$ _____) BY NUMBER OF DAYS (_____) IN TLA PERIOD:

\$ _____

5. ADD AMOUNTS IN #3 AND #4:

\$ _____

6. DETERMINE THE NET DAILY EQUIVALENCY:

FSA-I DAILY RATE	\$ _____
BAQ DAILY RATE	\$ _____
BAS DAILY RATE	\$ _____

7. DEDUCT AMOUNT IN #6 FROM AMOUNT IN #5:

\$ _____

8. DETERMINE MAXIMUM TLA ALLOWANCE BY MULTIPLYING PERCENTAGE (_____ %) IN #1 BY THE LOCALITY PER DIEM RATE (\$ _____) IN JFTR APPENDIX B:
(If temporary quarters contain facilities for preparing and consuming meals, multiply the percentage in #1 by the total of the daily lodging amount and 50% of the M&IE allowance)

\$ _____

9. DETERMINE THE DAILY RATE: *(the lesser of the amount in #7 and #8)*

\$ _____

10. DETERMINE THE TOTAL TLA ENTITLEMENT: *(multiply the amount in #9 by the number of days in the TLA period)*

\$ _____

TLA COMPUTATION WHEN PERMANENT QUARTERS ARE BEING RENOVATED OR LACK STOVE AND/OR REFRIGERATOR:

1. FOLLOW PROCEDURES IN #1 THROUGH #3 ABOVE:

\$ _____

2. ENTER BAS DAILY RATE: *(Block G, above)*

\$ _____

3. SUBTRACT LINE 2 FROM LINE 1 AND ENTER DIFFERENCE: *(NAVCOMPT 3063 amount)*

\$ _____

4. ENTER NUMBER OF DAYS IN COMPUTATION PERIOD:

\$ _____

5. MULTIPLY LINE 3 BY LINE 4 AND ENTER TOTAL:

\$ _____

<p>TLA CHECK LIST:</p> <p>_____ MEMBER REVIEWED AND SIGNED TLA BRIEFING SHEET AND TLA WORKSHEET</p> <p>_____ RECEIVED PAID LODGING RECEIPTS</p> <p>_____ RECEIVED TLA AUTHORIZATION FROM HOUSING OFFICE <i>(original required for each TLA payment)</i></p> <p>_____ RECEIVED CERTIFICATION FOR NON-AVAILABILITY OF GOVERNMENT QUARTERS FROM BEQ FOR UNACCOMPANIED/SINGLE PERSONNEL <i>(original required for each TLA payment)</i></p> <p>_____ RECEIVED "ACTIVE HOUSING SEARCH FORM" FROM HOUSING OFFICE <i>(required for 2nd and subsequent TLA payments)</i></p>	<p>FOR FINAL TLA PAYMENT: <i>(Additional Requirements)</i></p> <p>_____ RECEIVED CERTIFICATION OF ASSIGNMENT TO QUARTERS FROM THE HOUSING/BILLETING OFFICE OR COPY OF LEASE/RENTAL PAPERS</p> <p>_____ RECEIVED OHA CERTIFICATE SIGNED BY HOUSING OFFICER AND THE MEMBER'S COMMANDING OFFICER; START OHA START COLA</p> <p>_____ STOP BAQ FOR PERSONNEL MOVING INTO QUARTERS <i>(except members on unaccompanied tours)</i></p> <p>_____ UPDATE PAGE 2 <i>(NAVPERS 1070/602)</i></p>
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PRINTED NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE COMPLETED
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MIL = Military
MLC = Master Labor Contract
USCS = Civil Service

Gate Pass # (MLC) _____
Expired (MLC) _____

SRF DATABASE/NEO INPUT FORM

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301 Departmental Regulations. The principle purpose of the information requested is to provide the command with a command roster, recall listing, and to provide dependent support. Release of this information outside of this command is only upon approval of the Commanding Officer, U.S. Naval Ship Repair Facility, Yokosuka.

COMPLETE ALL DATES IN THE FOLLOWING FORMAT: MM/DD/YY

SSN: (USCS & MIL) _____ EMPLOYEE NO. (MLC) _____

Name: _____ Rank/Rate/Grade: (MIL, USCS, CONTRACTOR) _____
(Last, First, Middle)

Hair: _____ Eyes: _____ Height: _____ (FEET/INCH) WEIGHT : _____ (LBS)

Place of Birth (City/State): _____ Date of Birth: _____

Code/Shop Assigned: _____ ASD: (MIL ONLY) _____

Report Date: ____/____/____ PRD (MIL/USCS) / Badge Expiration Date (MLC): ____/____/____

Command: SRF/_____ Badge Status: New / Re-Issue / Replace / Expired

Designator (OFFICER) _____ Warfare Qualification: (MIL CIRCLE) SW / AW / _____

US Citizen (MIL CIRCLE) Y or N (If N the fill out *) EAOS: (MIL) ____/____/____

*Date Naturalized: _____ *Certificate Number: _____

Passport: (MIL & USCS) (Official) Number: _____ Exp Date: ____/____/____

(Tourist) Number: _____ Exp Date: ____/____/____

Home address: (If Navy _____
Lodge, provide room number) _____

Home Phone #: _____ - _____ Cell Phone #: _____

Family Members (Including Secondary Dependents and other persons living with member.) (MIL & USCS)

First Name, MI	Passport# and Country	Passport Exp. Date	Date of Birth	Command Sponsored	SSN
(Spouse)	_____	_____	_____	Y/N	_____
M/F	_____	_____	_____	Y/N	_____
M/F	_____	_____	_____	Y/N	_____
M/F	_____	_____	_____	Y/N	_____
M/F	_____	_____	_____	Y/N	_____

Download NEO pack from www.cfay.navy.mil. Print, fill out and keep together at home. Also update NEO Through HRIS located on INET. A login/password will be assigned after you receive a LAN account. Please notify _____ after receipt of the LAN account. I certify the above information is correct, and I will notify C810 of any changes to the above. Sign Here _____

MAIL BOX ISSUE/PROCEDURES

1. Contact the SRF-JRMC Command Postal Clerk at DSN 243-4588 or visit the Mail Room on the first floor of Building 2046. You will be issued a mailbox number with further instruction and procedures.

2. Your personal address is:

Rank/Name
PSC 473 Box 8
FPO AP 96349-0008

3. Your mailbox number is _____ Combination _____

(You will be given procedures for opening your mailbox when you report to the Command Postal Clerk.)

If you have any questions or concerns, please contact the Command Postal Clerk at 243-4588, commercial 011-81-046-816-4588, or DSN 243-4545 for assistance.

SRF PARKING DECAL REQUEST FOR
USN/USCS/U.S. CONTRACTOR

Date: _____

Name: _____ SSN: _____
(Last Name, First Name, MI)

Code/Activity: _____

Phone Number: _____

Rank/Grade: _____ (e.g. LCDR, FC2, GS-12, GS-12E, etc.)

First Car:

License Plate Number: _____
(e.g. Yokohama-500-Y-1234)

Vehicle Type/Color: _____
(e.g. Toyota Corolla 1600cc/White)

Second Car:

License Plate Number: _____

Vehicle Type/Color: _____

Old car license No.: _____

Note: (1) Two cars can be registered, but only one parking space will be assigned for both cars.

(2) Remove decals and return them to C-810 when:

- You leave, transfer, or retire from SRF Yokosuka or
- You sell, change, or dispose of any vehicle (i.e. buy new, use loaner vehicle while other vehicle is inoperable, etc.)

(3) Re-register your car when you change your car.

(Signature)

SRF Yokosuka 5512/8 (7-00)